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World Chronicle

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World Health Organization (WHO)

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HEALTH ISSUES IN AFRICA (WHO)

Dr. EBRAHIM SAMBA, the World Health Organization's Regional Director for Africa, reviews health issues facing the African continent in light of the recent outbreak of the Ebola virus in Zaire. Africa's health problems and the resurgence of certain diseases are caused by the poor living conditions and the lack of resources allocated to improve the general health situation. Africa still spends billions of dollars on arms. WHO plans to strengthen its presence in Africa to provide African countries with technical support and advice. Dr. Samba believes that international cooperation is an effective tool in containing the Ebola virus.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

The recent outbreak of the deadly Ebola virus in Zaire has focused world attention on the health problems of the African continent and their impact on the rest of the world. For decades, the region has suffered from more pressing health problems, including AIDS, than any other part of the world, partly due to inadequate prevention and a lack of effective disease surveillance. The impact on the economic, social and private lives of the African people is potentially devastating. What can the international community do to assist African countries facing these catastrophic health problems?

Our guest today has a particular interest in the health issues challenging the African continent. He is Dr. Ebrahim Samba, the World Health Organization's Regional Director for Africa. Joining me to talk with Dr. Samba are Robert Watson of the BBC and Linda Fasulo of NBC News. Dr. Samba, welcome to World Chronicle.

SAMBA: Thank you.

LITTLEJOHNS: Dr. Samba, we started out by talking a bit in the introduction about the Ebola virus. I read in a recent report from WHO that the problem, the epidemic, seems to be levelling off. Is this likely to continue, this levelling-off process, and do you think it could fade away altogether? And furthermore, what is being done about developing a vaccine?

SAMBA: It is true that it is levelling off. And we hope that this episode will fade away like previous episodes. This is not the first episode. There was an episode in Zaire in 1976, and it faded away. We are really taking it on seriously, very seriously, because it's much bigger than the previous one. We got the information from the Government of Zaire on the 7th of May, on Sunday evening, and by Monday morning we were there, and we took samples of blood on Tuesday and sent them to Atlanta, Georgia in the United States.

LITTLEJOHNS: To the National Institutes of Health.

SAMBA: That's right. And two days later we got confirmation that it was Ebola. We informed the international community, and we received help -- personnel, medicines, protective clothing, gloves and syringes from all over the world, particularly the United States, France, Belgium, South Africa, and Geneva, of course, the World Health Organization. And we're confident that we are on top of this episode.

LITTLEJOHNS: The virus was first identified in the 70s?

SAMBA: The first serious attack was, yes, in the 70s. It's not a very common virus. It doesn't survive long outside its host, whatever the host is, we don't know. At this

moment in time, we've sent a team and we have been able to trace the first person that was infected that came through the Kikwit hospital and was operated on -- he was a forest ranger. We now have a team in the forest, in the particular area where he worked, and we're collecting all the animals that we can lay our hands on to take samples from them in an attempt to find the source.

LITTLEJOHNS: And has the virus been confined to Zaire?

SAMBA: No, there has been an episode of Ebola in Ivory Coast, in America, in Brazil, and a similar virus in the UK as well, the same family.

WATSON: One gets the impression that an outbreak like the Ebola virus gets a huge response from the international community, but reading through some of the WHO documents one gets the impression that maybe the international community isn't quite so high profile and active in its responses over the more general kind of array of health problems in Africa. Do you think that's a fair accusation, Dr. Samba?

SAMBA: I don't think so. The World Health Organization is very largely, as is the UN system, anglophone. And in the British tradition of medicine, we do not go in much for publicity. Unfortunately, at our cost. We do not publicize. And we're paying for it. And we're trying. If you tried to get me onto this programme five, ten years ago, I would run away. But we welcome it now. Now we are publicizing more. And this is why some of our sister agencies, like UNICEF and so on, are doing much better, because they use more public relations, hype and publicity and so on. We do not publicize much. And I agree that we do not publicize enough. But we do mention where we publicize -- unfortunately, only in the scientific community. We do not go in very much for general public information.

WATSON: But presumably you wouldn't mind if the international community gave you more money to do your work? You would hardly say no.

SAMBA: Absolutely. And this is why I say we're paying dearly for it, and we are changing. We are changing, and we're learning, and I hope we're learning very fast to publicize. Because this time I insisted, and in Kikwit, in Zaire, you tune BBC, you tune Voice of America, you look at CNN, you hear WHO, WHO, WHO all the time! In the Kigali-Rwanda-Burundi episode, we didn't feature very much on television, because I am still not quite sure whether, if I were involved in a civil situation and getting my limbs chopped off or dying of some awful disease, I would like to be televised. It's just not ethical, by our standards. But then, this is what sells. I mean, we call it, in our limited circle, emergency publicity vulgarity. But we're learning. We know that this is the media world, that the international community has to know, that there has to be publicity, that there has to be hype, and we're getting onto it.

LITTLEJOHNS: So you're saying that initially WHO didn't do enough to focus attention on this growing problem? Of the Ebola virus?

SAMBA: We did. We -- oh, Ebola? Ebola is new. Ebola, since '76 --

LITTLEJOHNS: But when it first --

SAMBA: -- has come out twice --

LITTLEJOHNS: During this latest epidemic, perhaps WHO didn't do enough to draw attention to it?

SAMBA: Well, we did, but we didn't -- you see, the thing about Ebola, when it first occurred, a limited number of people suffered from it, and we didn't know. It was after the incident that we knew what it was about. It's an entirely new disease.

LITTLEJOHNS: Because I saw that you've received only about $2 million in extra funds to deal with this problem, which is not very much money to deal with it.

SAMBA: It's not a lot of money. And of course we need a lot more to really get into the research. Just where is it from? What are the natural hosts? What is the epidemiology? What can we do to prevent it? What can we do to treat it? Any vaccines? This will cost a lot more money. And I hope with the type of publicity we're getting now, more money will be forthcoming.

FASULO: Overall in Africa, though, what are some of the success stories, in terms of positive health trends that we may not know about?

SAMBA: Well, the programme that I headed for the past 14 years -- I took it up in 1980 and I just handed it over in January, a day before I went to Brazzaville to take on the Regional Office -- the river blindness programme, the onchocerciasis control programme. We've been able to control it in West Africa: we're protecting 30 million people, including 10 million children, and we've liberated 25 million hectares of arable land, because this is a disease that affects the riverine species as well as human beings. And that --

LITTLEJOHNS: Is this the things that's spread by snails?

SAMBA: Tsetse fly. The one that's spread by snails is schistosomiasis. This one -- I beg your pardon, not tsetse fly, but *Simulium damnosum*, the small black fly -- causes blindness. And countries like Burkina Faso, that used to be subjects for food aid in the 60s and 70s, are now exporting food. And their annual agricultural production is about 6 per cent, which is pretty good. This is -- well, we've done what we could to publicize. Polio is now well under control in many countries. Leprosy is on its way to being eradicated, probably in the next 5 to 6 years' time. Guinea worm we're doing very well on. And fortunately we are increasing the number of people that are qualified. Unfortunately, with the economic situation in Africa being what it is, we're losing a lot of our qualified personnel. UNDP has calculated that about 30,000 Ph.D. Africans are in Europe and

America. So we educate people --

LITTLEJOHNS: The so-called "brain drain".

SAMBA: The brain drain phenomenon. But these, our successes, certainly compared to our problems and failures they may be very small, but the media tends to focus on the failures. This is what makes news, this is what sells papers.

WATSON: Then shall I be characteristically media-like and look at some of the problems? One of your recent discussion documents paints a very depressing picture. You say that Africa suffers disproportionately from ill health, from disease. Is it actually getting worse, or is it getting better?

SAMBA: I think it is getting worse in some areas; it is getting better in others. Let's, for a moment, talk about areas where it's getting worse. Malaria is getting worse, distinctly getting worse.

WATSON: And why is that?

SAMBA: Well, largely because.... If I can identify a common denominator to all the areas of disease where the situation is getting worse, it's because of poverty. The economic situation. The governments in the countries are getting poorer, they are having to tighten their belts -- the structural adjustments -- and whenever there is a need to cut down on expenditures the world over, even in the developed world, social services suffer first -- health and education. And therefore the budget for health is getting smaller and smaller. Now, in some countries, less than 5 per cent of the national budget goes to health, sometimes 3 per cent -- very small indeed.

WATSON: So it's a direct link to poverty rather than some changing scientific factors.

SAMBA: Well, certainly there must be multifactorial elements. But poverty is a major common denominator. Where you are poor, food is less, nutrition is less, the resistance of the individual is less, facilities to prevent disease are less, facilities to treat diseases are less. So you can see poverty leads to ill health; ill health leads to poverty: it's a vicious circle. And we tend to be caught in this very, very tight corner that we find difficult to get out of. And the old diseases are coming back, like malaria, like cholera, like yellow fever, that used to occur every 20 to 30 years: almost every two to three years there is a yellow fever epidemic; almost every year there is a cholera epidemic. These are diseases of poverty. Tuberculosis is coming back, linked to the new disease, HIV-AIDS. This is new, and it is added to our already pressing problems. And these new problems, like Ebola. Why Ebola? Probably because the population is increasing, probably because we're encroaching into the forest areas, probably because we're getting into areas where animals that have been immune, used to these diseases, are now coming into closer and

closer contact with human beings, sometimes meeting them. Because a good number of our diseases are transferrable -- the zoonosis -- from animals to men, like tuberculosis, and so on. And initially, 30 to 40 years ago, the population was relatively small and the forests were relatively virgin. Now, with population increasing, more agricultural land needed, more cutting of forests, the desert is moving south, and the southern desert is moving up -- there is increased drought. So more and more wild animals are coming into contact with human beings.

LITTLEJOHNS: This is **World Chronicle**. Our guest is Dr. Ebrahim Samba, the World Health Organization's Regional Director for Africa. Go ahead, Robert.

WATSON: So as a doctor you would prescribe more money and, for human beings, population control and less encroachment on the environment?

SAMBA: Briefly, yes. Certainly more money, but better management of whatever money is available. One has to talk about that as well. We have not been managing very well. And better research into these diseases, better improvement of our general situation overall. Population -- yes. You see, Africa is under-populated. Africa is --

LITTLEJOHNS: Because of its size.

SAMBA: In size. Africa is five times the size of India, and the total population of Africa is less than 800 million.

LITTLEJOHNS: But then you've got an awful lot of desert in Africa.

SAMBA: Exactly. Africa, even the known desert size is bigger than China. China is 1.1, 1.2 billion. Africa is not yet a billion. So that in terms of land mass vis-à-vis total population, Africa is under-populated. But the rate of economic development is quite marked -- smaller, much smaller, than the rate of population increase. So food production cannot satisfy the population, even though there has been a net increase in food production. But compared to the population increase, Africa is now doubling its population every 25, less than 30 years -- the average is 3 per cent a year. It's very, very, very heavy. There are not enough schools, not enough hospitals. The social services are at a disadvantage.

FASULO: But there are some countries, however poor they are, who seem to manage their limited resources better than others; and we know that there are differences even within countries in terms of health care.

SAMBA: Yes.

FASULO: Which countries handle their limited resources best? I mean, what portion of the African continent really is doing a decent job in meeting the needs as best they can?

SAMBA: There are countries that are doing better. I would hesitate, since this

interview will not be edited, to mention those that are better, because you will probably come back and ask which are those that are not doing better, and I'll be slaughtered immediately!

LITTLEJOHNS: We don't want to get you into trouble, Dr. Samba.

SAMBA: But it's not all the countries, even though, as I said, it's those that are in trouble that make news. But there are others that are not doing badly. They don't come into the limelight. The media is not interested in them.

WATSON: There are simple things that those unnamed governments who are less good at health care than the others that you won't mention could do, small things that they could do, like, perhaps, I don't know, divert money away from defence-related spending to health.

SAMBA: I wish mankind were wiser. Where in the world do you have that? Nowhere. Of course, we need it more in the developing world. But in the developed world we all thought that after the cold war there would be a sort of spin-off, what you call a peace dividend. Well, it hasn't materialized. We're still spending billions of dollars on how to kill each other and, unfortunately, in Africa we still spend a disproportionate amount. I don't know the budget of the ministry of defence in any country, they don't publish these things. They publish ministry of health and ministry of education and agriculture and so on, but what they spend on armaments they don't publicize, and it's quite a packet, it's quite a lot. And I wish and I hope -- and when I see them individually, one to one, I do ask them -- why don't you spend a significant proportion?

LITTLEJOHNS: I saw something about $4 a head for health care in Africa. That's per year. That seems an extraordinarily small amount of money.

SAMBA: That's very small, but that is fairly generous in many countries. And it's much more than that for armaments. And particularly in Africa, really, there are very few countries that are at risk of being attacked from outside. We prepare armed soldiers to attack us, ourselves.

LITTLEJOHNS: Civil wars and so forth.

SAMBA: Either civil wars or coups d'etat. The government prepares an army that takes over from itself later on. So, there we are. We're caught in this, I don't know, prestige project, perhaps it's more than that, but if I were a head of state, I certainly wouldn't invest in the military.

FASULO: What about life expectancy? I have read that in certain countries in Africa it's actually going way down, whereas we know world-wide it's certainly on the rise.

SAMBA: Yes, worldwide it is on the rise. In Africa, in general, it is increasing, but in certain countries it is going down.

FASULO: And to what generally is that due?

SAMBA: Again, poverty. When people earn less, when there's so much unemployment, they are not properly fed, not properly housed, not properly clothed, they are more prone to diseases, they can't look after the diseases they have, and they die younger. You see? In Europe, I remember, in England during my student days in the early 50s, there were tuberculosis sanatoria all over, in Switzerland in particular, and by the time I graduated practically all the tuberculosis sanatoria had disappeared. It wasn't the doctors. It wasn't medicines. It wasn't the x-rays. It was good food, good housing, better milk. It was just general standard of living.

LITTLEJOHNS: But also the development of drugs like streptomycin and so forth.

SAMBA: Yes, but the impact of streptomycin on TB in Europe was insignificant.

LITTLEJOHNS: Really?

SAMBA: Yes. It was just overall general standard of living. People just fared better. And those that had tuberculosis, yes, streptomycin and INH [isoniazid] came up, but the preventive measures were just general standard of living.

LITTLEJOHNS: Dr. Samba, tell us a bit about what WHO is doing generally to deal with these terrible problems of the health situation in Africa.

SAMBA: In Africa, now that I have taken over the Regional Office, I have been addressing this issue, and my policy is to strengthen the country offices, because that is where the problem is.

LITTLEJOHNS: You have them all over the continent?

SAMBA: Yes. There is a WHO office in each of the 46 countries in the Africa Region. And these offices have normative functions to help on policy matters, to help in preparing national profile documents, health plans and marketable project documents, but also technical support, on-the-job activities, disease prevention, vaccination, advice on treatment, advice on provision of infrastructure, and advice on coordinating health input in general -- because so many agencies and countries, bilateral, multilateral, NGOs are interested in health. And sometimes it is very difficult for the ministries of health to coordinate all this input. It is our lot in the World Health Organization to try and help the ministries of health harmonize, coordinate and maximize this different input, because sometimes it's not harmonized at all. Sometimes, you know, the different agencies come in jockeying for position, planting their flags, sometimes contradictory, not complementary. And it's our lot to help in all this.

And of course now we're becoming more and more media conscious and media friendly, and we hope the media will be more friendly and more conscious, because it's so very easy to emphasize where we have failed, where we have messed up, as opposed to

where we have succeeded. And I would plead with the media to be more sympathetic with us -- we're working under very, very difficult conditions -- so as to encourage more collaborative support from outside. I'm just coming from Washington where I was in the US Congress to address them, and we talked about Ebola, and I said, "Well, there you are cutting on the budget!" But if we did not jump in on Ebola and really control it, by now it would have been in Kinshasha, and there are regular flights from Kinshasha --

LITTLEJOHNS: The capital of Zaire.

SAMBA: Yes, the capital of Zaire -- there are regular flights from Kinshasha to Paris and Zurich and Geneva, and then from Paris and Zurich to London and Washington: it would have been all over the world. This is how epidemics used to spread in the old days.

LITTLEJOHNS: So it would wind up in Washington.

SAMBA: Exactly. So I said, "We need each other. We need each other." The world has become a very small village. I'm here today, I'll be taking off at 4 o'clock, and by tomorrow afternoon I'll be in Brazzaville, and vice versa. So we cannot afford to point fingers and say, well, you know, terrible, and I'm all right, I am selfish, and so on; we need to support each other. And therefore I'm making an appeal to the media to be a bit more understanding, to show that we are working under very difficult conditions, that we need each other, and that disease has now become very, very international indeed.

LITTLEJOHNS: Dr. Samba, I'm sure you have sympathetic media around this table, but unfortunately we're out of time. For this programme, that is. Thank you for being with us on this edition of **World Chronicle**.

Our guest has been Dr. Ebrahim Samba, the World Health Organization's Regional Director for Africa. He was interviewed by Robert Watson of the BBC and Linda Fasulo of NBC News.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle**.

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